



香港家庭醫學學院 The Hong Kong College of Family Physicians

Rooms 803-4, 8/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong

Tel: (852) 2871 8899 Fax: (852) 2866 0616

E-mail: hkcfp@hkcfp.org.hk Website: www.hkcfp.org.hk

香港仔黃竹坑道99號香港醫學專科學院賽馬會大樓8樓803-4室



Online Membership Directory – For Local Registered Doctors*

The HKCFP promotes the role of the Family Physician in the community. We are providing a voluntary membership directory for the general public on our website to further achieve this aim. Thank you all who have given the consent to make the directory a success.

As members of the HKCFP, we wish to include you on this list, so as to allow the general public to find a Family Physician in their district or community.

The College will soon update the online membership directory. If you wish to update or add your practice information in the online membership directory, please kindly fill out the following details and return to the College secretariat.

By Email: membership@hkcfp.org.hk

By Fax: 852-2866 0616

The information listed below would not be published unless we have your clear instruction of consent. By doing so, you are voluntarily consenting to have this information available for the general public.

*All listed doctors must be registered with the Hong Kong Medical Council.

HKCFP Secretariat

The Hong Kong College of Family Physicians

Email: hkcfp@hkcfp.org.hk

Website: www.hkcfp.org.hk

Tel: 852-2871 8899

Fax: 852-2866 0616

HKCFP Privacy Policy: http://www.hkcfp.org.hk/privacy_policy.html



HKCFP Member Profile Update

To: Membership Committee, The Hong Kong College of Family Physicians
Address: Room 803-4, 8/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong
Fax: 852-2866 0616
Email: membership@hkcfp.org.hk

Surname: _____ Given Name: _____ Member ID: _____

Please update if necessary (Please be reminded that the following update(s) will affect your record in the College's membership system)

Show at Online Membership Directory

Name: _____ (please provide proof evidence for name change) ☐

Membership Category: *AFM / ASM / FEL / FUM / FDFE / OME / OFE (please circle as appropriate) ☐

Primary Email Contact^:

(For main contact and eLearning account use)

Nature of Practice: ☐ HA – Hospital ☐ HA – Community
(Cluster: HKEC / HKWC / KCC / KEC / KWC / NTEC / NTWC / Unknown)
(please tick and circle, where appropriate) ☐ HAHO ☐ DH ☐ Bureau ☐ Private (Hospital / Group / Solo / NGO) ☐
☐ Institute (Hospital / Community / Academia / Unknown)
☐ Others: _____ (please specify)

Office Address: _____ ☐

Office Tel No.: _____ ☐

Home Address: (For Membership System's Record Only)

Home Tel No.: _____

Corresponding Address: Office / Home (please circle as appropriate)

Mobile No.: _____

Registration at MCHK: ☐ Yes with full registration ☐ Yes with limited registration ☐ No _____ (please specify)

I consent to the use of my personal data by the College for all academic and administrative purposes.

Signature: _____ Date: _____

Remarks: * Membership category: AFM – Affiliate; ASM – Associate; FEL – Fellow; FUM – Full Member; FDFE – Foundation Fellow; OME – Overseas Member; OFE – Overseas Fellow.

^ The email will be recorded as your main contact address with the College. It will also be used for creating your HKCFP membership portfolio and eLearning account, etc. (if applicable)